PLEASE TYPE (	OR PRINT	0		(2)
Ms.		0 -	00.44	
☐ Mr. Artist Mt	RGARET SE	elkek f	RANK	
			(Last Na	me Last)
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Address	OI MAYFIEL	-D KD. AZ	16, Cht	VE. IT
	Street	7	City	OH.
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Zip	Area Code			
Temporary or				
Studio Address			0.1	
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If you do not pr	esently live in one	of the counti	es of the	
Western Reserve	e, in which county	were you born	?	
Collaborator				
	(If Any)			
If May Show en	tries are not acce	pted or not so	ıld:	
3-VA -41-4 -111 -1-1	ck up at Museum.			
Artist will pic				
☐ Museum sho	uld dispose of.			
☐ Museum sho	uld dispose of. uld ship to artist a	at artist's exp	ense	

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

SEE SPEC INSTRUCTIONS

This Entry blank must be fully made out and signed. Unsigned Entry Blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until June 29, 1986.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed in the Entry Information.

Signature Margaret Sulher tran

\ \ DO NOT DETACH

	<b>4</b> .	Sculptu	s 🗆 2. G	rafts •	- TRI	PT	1CH				
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